

APPENDIX

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SPREAD THE HEALTH, APPALACHIA

Healthy-2-Go

Corner Store Initiative

HEALTHY-2-GO PRELIMINARY SURVEY

Introductory Script

Hi! My name is _____ from the _____ County Health Department. I am helping out with a new Healthy Food Project in the Cumberland Valley called "Spread the Health." We are working to increase healthy food options in stores to tackle high rates of diabetes and obesity in the region.

Some questions that could be helpful:

Have you carried fruits and vegetables in your store?

How often do you receive new deliveries, is it only once a week?

Do people seem to be receptive of these options in the store?

Right now, we are trying to get a basic idea of what is offered in some of the local stores. I was wondering if I could walk around your store and take some notes on the types of products you offer so my team and I can develop a program to work with what you already have.

In the near future we hope to work together with you to increase sales and healthy option in your store.

General comments on things to look for while doing the survey:

- **Keep track of locations of healthy options in relation to other options**
 - **For example, is the juice below the soda, is it at eye level, etc.**
- **Are prices on healthy foods easy to see?**
 - **Note if prices are big and obvious or small and hidden**
- **Look for places where a healthy food stand could be set up, is there space around the counter/in the fridge? Could a new fruit/vegetable specific fridge be installed?**
- **Generally, fill in the blank sections with extra information that is relevant to your store and expansion of healthy food options.**

Start:

Finish:

HEALTHY-2-GO PRELIMINARY SURVEY

Store Background Info.

Store Name:	
County:	
Nearest Town (miles away):	
Location Description: (Circle one)	Stand alone store Gas Station Other
Notes on Location (intersection, nearby stores):	

Does the location seem safe?	YES	NO
Is parking available?	YES	NO
Are people loitering?	YES	NO

Does the outside of the store seem well kept?	YES	NO
Is there room for signage in the windows?	YES	NO
Is there signage in the windows?	YES	NO
Does the store accept food stamps?	YES	NO
Are healthy marketing materials visible?	YES	NO

HEALTHY-2-GO PRELIMINARY SURVEY

Foot traffic in store:	1-3 (while completing survey)	4-6	7+
How many employees:	1	2	3+
Number of cash registers:	1	2	3+
Number of fridge units:	1-2	3-4	5+
Number of chest freezer units:	1	2	3+
How much of store space for food	<25%	25-50%	>50%
Notes on Facilities:			
Notes on cash register area (tobacco products visible, space for healthy food basket, space for fliers, etc.):			

Are Healthy Eating marketing materials visible in the store:	YES	NO
Does the store have a designated location for fruit?	YES	NO
Does the store have a designated location for vegetables?	YES	NO
Notes on general display of fruits and vegetables (where, how, etc):		

HEALTHY-2-GO PRELIMINARY SURVEY

DAIRY

A. Is MILK (any size or brand) sold at this store? YES NO

----If answer to A was NO, skip this page.

B. Brand name for MILK (non-flavored): _____

C. Lowest fat milk available: SKIM 1% 2% WHOLE

	SKIM	1%	2%	WHOLE
# of Rows of Pints				
Price of Pints				
# of Rows of Quarts				
Price of Quarts				
# of Rows of Half Gallons				
Price of Half Gallons				
# of Rows of Gallons				
Price of Gallons				

(half gallon OR gallon for pricing)

D. Is FLAVORED MILK (any size or brand) sold at this store? YES NO

----If answer to D was NO, skip to next page.

E. Types of FLAVORED MILK: _____

F. SIZES OF CHOCOLATE MILK AVAILABLE: PINT QUART ½ GAL. GAL.

(Circle all that apply)

G. Is ALTERNATIVE MILK (any size or brand) sold at this store? YES NO

eg. Soy, Almond, etc.

H. Is YOGURT sold at this store? YES NO

I. Is LOW-FAT or GREEK YOGURT sold at this store? YES NO

J. Is CHEESE sold at this store? YES NO

HEALTHY-2-GO PRELIMINARY SURVEY

FRUIT

A. Is FRUIT sold at this store?

YES

NO

----If answer to A was NO, skip this page.

CIRCLE ITEMS BELOW YOU SEE IN STORE AND FILL IN EMPTY LINES IF APPLICABLE

Item	Price	Notes:
Banana		
Apples		
Oranges		
Grapes		
Cantaloupe		
Peaches		
Strawberries		
Honeydew Melon		
Watermelon		
Pears		
Others, please list		

Total Types of Fruit available: _____

General comments on fruit (for example, freshness, how they are displayed, etc):

HEALTHY-2-GO PRELIMINARY SURVEY

VEGETABLES

A. Are VEGETABLES sold at this store?

YES

NO

----If answer to A was NO, skip this page.

CIRCLE ITEMS BELOW YOU SEE IN STORE AND FILL IN EMPTY LINES IF APPLICABLE

Item	Price	Notes
Carrots		
Tomatoes		
Bell Peppers		
Broccoli		
Corn		
Celery		
Cucumbers		
Cabbage		
Cauliflower		
Lettuce		
Potato		
Sweet Potato		
Onions		
Zucchini		
Squash		

Total Types of vegetables available: _____

General comments on vegetables(for example, freshness, how they are displayed, etc)::

HEALTHY-2-GO PRELIMINARY SURVEY

FROZEN FRUIT/VEGETABLES

A. Is FROZEN FRUIT sold at this store? YES NO

B. Are FROZEN VEGETABLES sold at this store? YES NO

---If answers to A and B were NO, skip this page.

LIST FROZEN FRUIT OPTIONS BELOW

Item	Price	Oz in Bag	Notes

General comments on frozen fruit:

LIST FROZEN VEGETABLES OPTIONS BELOW

Item	Price	Oz in Bag	Notes

General comments on frozen vegetables:

HEALTHY-2-GO PRELIMINARY SURVEY

CANNED FRUIT/VEGETABLES

A. Is CANNED FRUIT sold at this store? YES NO

B. Are CANNED VEGETABLES sold at this store? YES NO

----If answers to A and B were NO, skip this page.

LIST CANNED FRUIT OPTIONS BELOW

Item	Added Sugar?		Price	Oz per Can	Notes (include brand)
Pineapple	Y	N			
Peaches	Y	N			
Blackberries	Y	N			
	Y	N			

General comments on canned fruit:

LIST CANNED VEGETABLES OPTIONS BELOW

Item	Added Sugar?		Price	Oz per Can	Notes (include brand)
Corn	Y	N			
Green Beans	Y	N			
Peas	Y	N			
Tomatoes	Y	N			
Beans	Y	N			
	Y	N			

General comments on canned vegetables fruit:

HEALTHY-2-GO PRELIMINARY SURVEY

MEAT

A. Is GROUND BEEF sold at this store?

YES

NO

---If answer to A is NO, skip to B

FILL IN APPLICABLE

Item	Price/lb	Fresh or Frozen	Notes:
Lean Ground Beef 90/10:			
Standard Ground Beef 80/20			
Ground Turkey (<10% fat)			

General comments on ground beef:

B. Are HOT DOGS sold at this store?

YES

NO

----If answer to B is NO, skip this page.

Fill in Applicable

Item	Price	Notes:
Fischers (turkey/pork/chicken) Regular		
Fat free hot dog		
Light beef (50% less fat)		
Turkey Wieners		
Beef franks		

General comments on hot dogs:

HEALTHY-2-GO PRELIMINARY SURVEY

FROZEN DINNERS

A. Are FROZEN DINNERS sold at this store?

YES

NO

---If answer to A is NO, skip to next page

B. Are reduced-fat frozen dinners available?

YES

NO

Item	Price/pkg	Reduced Fat		Notes (g fat per pkg):
		Y	N	
		Y	N	
		Y	N	
		Y	N	
		Y	N	

General comments on frozen dinners:

HEALTHY-2-GO PRELIMINARY SURVEY

BAKED GOODS: BREAD

A. Is BREAD (loaves) sold at this store? YES NO

---If answer to A is NO, skip to next section

B. Is WHOLE GRAIN BREAD (loaves) sold at this store? YES NO

CIRCLE ITEMS BELOW YOU SEE IN STORE AND FILL IN EMPTY LINES IF APPLICABLE

Item	Price/loaf	Oz/loaf	Notes:
Bunny Giant White Bread			
Nature's Own Whole Wheat			

General comments on bread:

BAKED GOODS: PASTRIES

A. Are BAKED GOOD (not bread) sold at this store? YES NO

---If answer to A is NO, skip to next section

B. Are low-fat baked goods sold at this store? YES NO

---eg. Bagels, English muffins, etc.

LIST THREE REPRESENTATIVE PASTRIES

Item	Price	Calories	Notes:

General comments on baked goods:

HEALTHY-2-GO PRELIMINARY SURVEY

BAKED GOODS: CEREAL

A. Is CEREAL sold at this store?

YES

NO

---If answer to A is NO, skip to next page

CIRCLE ITEMS BELOW YOU SEE IN STORE AND FILL IN EMPTY LINES IF APPLICABLE

Item	Price	Box or Individual Cup	Notes:
Cheerios			
Frosted Flakes			
Corn Pops			
Apple Jacks			

General comments on cereal:

HEALTHY-2-GO PRELIMINARY SURVEY

CHIPS/SNACKS

A. Are CHIPS sold at this store?

YES

NO

----If answer to A was NO, skip this page.

B. Are baked chips sold at this store?

YES

NO

CIRCLE ITEMS BELOW YOU SEE IN STORE AND FILL IN EMPTY LINES IF APPLICABLE

Item	Price	Oz	Notes:
Baked Lays			
Lays			
100 Calorie Snacks			

General comments on snacks:

C. Are NUTS sold at this store?

YES

NO

----If answer to A was NO, skip this page.

CIRCLE ITEMS BELOW YOU SEE IN STORE AND FILL IN EMPTY LINES IF APPLICABLE

Item	Price	Oz	Notes:
Peanuts			
Mixed Nuts			

General comments on snacks:

HEALTHY-2-GO PRELIMINARY SURVEY

BEVERAGES

A. Are BEVERAGES sold at this store?

YES

NO

----If answer to A was NO, skip this page.

**CIRCLE ITEMS BELOW YOU SEE IN STOER AND FILL IN EMPTY LINES IF APPLICABLE
(INCLUDE JUICE DRINKS NOT 100% JUICE IN EMPTY SPACES)**

Item	Price	Notes
Diet Coke (12 oz)		
Diet Coke (20 oz)		
Coke (12 oz)		
Coke (20 oz)		
V8 (12 oz)		
V8 (____)		
Simply Orange (13.5 oz)		
Minute Maid 100% Juice (____)		
Tropicana 100% Juice (____)		
Ocean Spray 100% Juice (____)		

General comments on Beverages (describe where healthy products are displayed relative to soda):

HEALTHY-2-GO PRELIMINARY SURVEY

B. Is Bottled Water available?	YES	NO
---------------------------------------	-----	----

C. Are zero-cal (not water, not carbonated) drinks available?	YES	NO
----------------------------------------------------------------------	-----	----

--If so, please list below.

Item	Price	Notes

Justification for Changing NEMS

Generally, we rearranged the sections of the survey to group fresh fruits and vegetables together, canned fruits and vegetables together, frozen foods together, bread and other baked goods together, and beverages together.

Additionally, we made an effort to introduce more flexibility into filling out the survey to accommodate a wide variety of stores across a diverse, rural region. This effort included the introduction large “general comment” sections on each page to allow for further note taking while in the stores.

Instead of checking off yes or no, we changed the overall formatting to circling yes or no. This seemed easier for the team to complete and for the scorers to decipher.

Though the modified NEMS survey looks very different, we retained the majority of the questions from the original survey. In order to make the survey more user-friendly to our staff, the questions were reformatted into tables and we removed certain questions which we deemed unrelated to our specific stores after completing a pilot of the NEMS survey.

1. General Store Information

- a. The original NEMS only asked four, limited questions about the corner store. We greatly expanded this part of the survey
 - i. Background info
 1. We added questions targeting information that would not have been relevant in the urban environment the NEMS was designed for.
 - a. These questions included: distance to nearest town, description of the type of store, information on parking, and cleanliness of surrounding area
 2. We kept the question asking if healthy marketing materials are visible, but expanded to ask questions about other types of signage in the windows as well
 - a. Many of the targeted stores had large tobacco displays and we felt it would be important to note how these stores were making money and utilizing advertising space
 3. Expanding on the “number of cash register” question, we added questions asking about foot traffic in store and number of freezers/fridges.
 - a. The majority of our targeted stores are very remote and we felt it would be important to assess which stores were visited more frequently. The busier stores could serve as prime targets for corner store transformations.

4. Generally, we utilized more “Yes/No” or “Circle the most appropriate” question types to ensure consistency across a number of different people carrying out the surveys.

2. Dairy

- a. We redesigned the “Shelf space” and “pricing” questions for milk
 - i. The original format was confusing to the people who piloted the survey, and the new format seemed to clarify these questions for the team.
 - ii. We did feel it was important to keep these questions in the survey to assess the quantities of different varieties of milk being offered in the stores
- b. We added questions about other dairy products besides milk including flavored milk, Alternative milk, yogurt, and cheese
 - i. All simple Yes/No questions the team decided it was important to gather as much information about the current dairy situation in these stores as possible.
 - ii. The responses to these answers could allow us to target other dairy products in addition to milk when introducing healthy options into stores.

3. Fruit

- a. Again, the format (originally designed for a hand held device) was a bit confusing to the team members running the pilot study
- b. Our stores had very limited fruit offerings, so we made the form slightly less structured and allowed for more flexibility to accommodate the differences across stores
 - i. Because of the limited quantities of fruit we removed the quality column, focusing more on if fruits were present or not
 - ii. We kept the price column, and in the directions instructed the team to fill in if the price was per piece or per pound
 - iii. We felt it was not important what specific variety of fruit (eg: red delicious), so we removed these sub options from our survey
 1. Again, with the limited quantities of fruits available we felt this would complicate our data collection
- c. We expanded the space for comments on fruits to gather as much information as possible about the fruit environment in these stores

4. Vegetables

- a. Made all of the same changes that were made for fruit
- b. The reformatted page had an altered structure compared to the NEMS, replacing the boxes for prices with a blank space to fill in.

5. Frozen Fruits and Vegetables

- a. We rearranged the survey to group the frozen products together and then the canned products together on a later page.
 - i. This reduced having to travel back and forth across the store and was an effort to streamline the survey
- b. During the pilot of the NEMS we did not observe any frozen fruits or vegetables, so we decided to eliminate the specifics from the NEMS and leave a very general section on frozen fruits and vegetables.

- i. Instead of suggesting options like Strawberries and spinach, we left the item column blank to accommodate whatever products the stores may carry.
 - ii. we were curious what options may be selling in stores and did not want to limit the team members filling out the survey
 - c. We kept the other questions like price and oz in the bag.
 - d. At the bottom of the page we also expanded the space for general comments on frozen fruits and vegetables.
- 6. Canned Fruits and Vegetables
 - a. As described above, we grouped the canned fruits and vegetables together.
 - b. We observed numerous canned fruit options in our stores, so we expanded this section to allow the team filling out the survey to gather as much information as possible.
 - c. We kept the price and ounces per can columns
 - d. We added an “added sugar?” yes/no question to gather additional information on the actual health characteristics of the different canned options in the stores.
 - e. At the bottom of the page we expanded the space for general comments on canned fruits and vegetables
- 7. Meat
 - a. During the pilot we realized that very few of the stores carried ground beef or low fat ground beef, so we reorganized this page.
 - b. We kept the price/lb column, but also added a fresh or frozen column as this could tell us more information about the healthy quality of the meat product
 - c. By using a single table instead of spreading out the questions across an entire page, the time spent on ground beef more appropriately matched the availability of the product in our local stores.
- 8. Hot Dogs
 - a. We did not observe the numerous offerings which made the long page on the NEMS unnecessary in our target area. We streamlined the hot dog section to ask if the stores had the fat free or light franks or not.
 - i. We kept the price per package and comments sections from the original NEMS
- 9. Frozen Dinner
 - a. We noticed that the stores in our target area did not all have freezer units, making the likelihood of stores stocking frozen dinners slim.
 - b. The page in the NEMS survey was complicated, asking for the Kcal and G of Fat per package.
 - c. Additionally, the NEMS survey targeted selected items which we did not observe in our pilot: lean cuisine and stouffers
 - d. To try and make the survey easier to complete we removed all brand names and specific questions about calories or fat content
 - i. We added a column with “reduced fat yes/no” and noted in the comment section to write the g fat per pkg if relevant.
- 10. Baked goods

- a. While completing the pilot survey we noted that none of the local stores carried the items identified as healthier options in the NEMS
- b. The NEMS also asked specific question about amt per package, g fat, kcal
- c. We again streamlined this section leaving a largely blank table instead of identifying specific items like bagels and English muffins
- d. We did leave the calories column
- e. It seemed that the majority of “baked goods” in the corner stores we were seeing were the prepackage high-calorie, high-fat options, not health options. We adjusted the survey to reflect the trend we observed in the stores

11. Bread

- a. The bread section was largely left as it was in the NEMS
- b. Beyond an overall format change, bringing the information into a table, we asked the same questions
 - i. We also had to tailor the brands used as example to those relevant in our region.

12. Cereal

- a. We again utilized a table to consolidate the information, but did ask the same question on price and size of the product
- b. while surveying the stores we noticed that there were stores who sold individual cups of cereal in addition to boxes, so we added that as an option in the table.
- c. We expanded the list beyond just cheerios to try and gather more information and see what other products the stores were carrying
 - i. For the purposes of “healthy cereal” in follow-up evaluations we used cheerios as the representative product

13. Chips

- a. We asked the same three questions regarding baked lays, lays, and 100 calories snacks.
- b. We reformatted the section to match the rest of our survey and make the page more user friendly.
- c. In addition to chips we added a small section asking about nuts to gather more information about the types of healthy snacks offered

14. Beverages

- a. The major change in the beverage section was reformatting all of the confusing check boxes into a table. We kept the price column in the modified survey.
- b. As with the rest of the modified survey, we increased the flexibility of the survey and opened up more space for filling in the products observed in the stores.
- c. We kept the questions on bottled water and non-carbonated, zero calorie drinks.

INVENTORY FORM

Remember to review all changes in the store, not just those that the store indicated at the previous visit.
Also, please take pictures of display and inventory changes in the store.

PRODUCE

	# varieties	Plan to Add?
Fresh Fruits		
Fresh Vegetables		
Canned Fruit^		
Canned Vegetables^^		
Frozen Fruits or Vegetables^^^		
100% Juice		

Fresh F/V Quality	ADEQUATE INADEQUATE
Fresh F/V Shelving	ADEQUATE INADEQUATE
Fresh F/V Refrigeration	ADEQUATE INADEQUATE

DAIRY

	# varieties	Plan to Add?
Skim/1% milk		
Yogurt		
Cheese		

OTHERS

	# varieties	Plan to Add?
Healthy Snacks^^^^		
Non sugar-sweetened beverages		

PROTEINS

	# varieties	Plan to Add?
Poultry		
Fish		
Eggs		
Dry Beans/Peas		
Soy Products		

WHOLE GRAINS

	# varieties	Plan to Add?
Bread		
Rice		
Pasta		
Oats		
Cereal		
Corn Meal		
Barley		

INITIALS: _____

INVENTORY FORM

Remember to review all changes in the store, not just those that the store indicated at the previous visit.
Also, please take pictures of display and inventory changes in the store.

STORE DESCRIPTIONS

Is the store cleaner?	YES	NO
Have displays or shelving arrangement changed?	YES	NO
Are healthy2go materials on display?	YES	NO

H2G equipment delivered	In compliance?	
	YES	NO
	YES	NO
	YES	NO
	YES	NO
	YES	NO

Comments:

^Canned Fruit: 100% juice or light syrup

^^Canned Veggies: fewer than 290 mg sodium/serving

^^^Frozen Fruits/Veg: no added sugars/sauces

^^^^Healthy Snacks: single serving, fewer than 230 mg of sodium, fewer than 3g of fat



Store: _____

County: _____

CUSTOMER CENTRIC QUESTIONS

Please indicate the level to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Do Not Know
I think Healthy2Go has benefited my customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have seen customer purchasing patterns start to change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customers are excited to see healthy products in my store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customers have commented on healthy options in my store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy2Go has increased customer awareness of how to identify healthy items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you recall any customer's positive reactions to health products in your store? Please describe.

How do you think your store can influence chronic conditions like obesity and diabetes in the Cumberland Valley?

How have the Healthy2Go education materials increased awareness of how to identify healthy items?

STORE CENTRIC QUESTIONS

Please indicate the level to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Do Not Know
Introducing new products has had a positive impact on my business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider the nutritional value of products I stock in my store more than before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am planning on introducing more fresh produce in the coming months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have changed display patterns to promote healthy foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy2Go supported my store make healthy changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have learned new business management skills through Healthy2Go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have learned new information about handling and storing healthy items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you think has been the biggest impact of the Healthy2Go program on local residents?

What changes have been most successful in your store?

As a store owner, what have you liked most about Healthy2Go?

What are your plans for offering healthy foods in the next six months? Can you foresee and challenges/obstacles?

Are you planning to introduce more healthy items in the coming months? Which?

SPREAD THE HEALTH APPALACHIA

Corner Store (gas/grocery) Initiative Survey

Directions

This survey is voluntary. Your answers will help the program improve access to healthy food options in corner stores (gas/grocery) in your area.


Please do not write your name on the survey. Your answers will be anonymous.

Please read every question carefully. Some questions will ask you to check one answer, while others ask for multiple answers (it will say “check all that apply”), or fill in the blank ____.

If you have any questions, please ask the person who gave you the survey. Thank you!

About You

1. Where do you live? (Check one county)

☐ Bell County 


a. Where in Bell County do you live? (Check one)

- | | |
|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Arjay | <input type="checkbox"/> Middlesboro |
| <input type="checkbox"/> Blackmont/Hulen | <input type="checkbox"/> Page/Calvin |
| <input type="checkbox"/> Brownies Creek | <input type="checkbox"/> Pineville |
| <input type="checkbox"/> Frakes | <input type="checkbox"/> Right Fork |
| <input type="checkbox"/> Hwy 92 | <input type="checkbox"/> Stoney Fork |
| <input type="checkbox"/> Hwy 119 | <input type="checkbox"/> Straight Creek |
| <input type="checkbox"/> Laurel Hill | <input type="checkbox"/> Other: _____ |

☐ Clay County 

b. Where in Clay County do you live? (Check one)

- | | |
|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Big Creek | <input type="checkbox"/> Manchester |
| <input type="checkbox"/> Burning Springs | <input type="checkbox"/> Oneida |
| <input type="checkbox"/> Goose Rock | <input type="checkbox"/> Paces Creek |
| <input type="checkbox"/> Hacker | <input type="checkbox"/> Other: _____ |

☐ Jackson County 

c. Where in Jackson County do you live? (Check one)

- | | |
|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Annville | <input type="checkbox"/> Moores Creek |
| <input type="checkbox"/> Clover Bottom | <input type="checkbox"/> Sand Gap |
| <input type="checkbox"/> Gray Hawk | <input type="checkbox"/> Tyner |
| <input type="checkbox"/> McKee | <input type="checkbox"/> Other: _____ |

☐ Knox County 

d. Where in Knox County do you live? (Check one)

- ☐ Artemus
☐ Bailey Switch/Richland
☐ Barbourville
☐ West Knox
☐ Stinking Creek/Flat Lick
☐ Other: _____

2. Are you female or male? (Check one)

- ☐ Female ☐ Male

3. What is your age? (Check one)

- ☐ 17 years old or younger
☐ 18-24 years old
☐ 25-34 years old
☐ 35-44 years old
☐ 45-54 years old
☐ 55-64 years old
☐ 65 years and older

4. How many people live in your household (including yourself)? (Check one)

- ☐ I live alone
☐ 2 people
☐ 3 people
☐ 4 people
☐ 5 or more people

5. How many children in your household (excluding adult children who do not live with you)? (Check one)

- ☐ 0 children
☐ 1 child
☐ 2 children
☐ 3 or more children

6. What is your ethnicity? (Check one)

- ☐ Hispanic or Latino ☐ Not Hispanic or Latino

6a. What is your race? (Check one)

- ☐ White (non-Hispanic)
☐ Black or African American
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander

7. What is the highest level of education you completed? (Check one)

- ☐ Some high school or less
☐ High school diploma
☐ GED or equivalent
☐ Some college
☐ Associate's degree
☐ Bachelor's degree or equivalent
☐ Some graduate school
☐ Master's degree or equivalent
☐ Doctorate or Ph.D. degree

8. Do you have regular access to a vehicle for personal use? (Check one)

- ☐ Yes ☐ No

About Your Diet

These next questions are about the foods you ate or drank in the past month. Please think about all the forms of food including cooked, raw, fresh, frozen, or canned. Please think about all the meals, snacks, food, and drinks consumed at home and away from home.

In the past month, how many times did you eat or drink each type of food? (Check one for each type of food)

Type of food	Never	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2 or more per day
9. Fruit (1 fresh, 1/2 cup of frozen, or 1/2 canned) E.g. banana, melons, avocado, apple, orange, strawberries, etc. Does not include fruit juice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Cooked or canned beans (1/2 cup) E.g. refried, baked, garbanzo beans, beans in soup, or lentils. Does not include long beans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Green leafy vegetables, broccoli, and cauliflower (1/2 cup fresh, frozen, or canned) E.g. broccoli, cauliflower, dark or leafy greens, collard greens, chard, mustard greens, or spinach. Does not include lettuce or juice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other vegetables (1/2 cup fresh, frozen, or canned) E.g. lettuce, onions, tomatoes, corn, peppers, squash, peas, cabbage, carrots, sweet potatoes, pumpkin, etc. Does not include juice or potatoes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Potatoes (1/2 cup) E.g. baked potato, french fries, mashed potatoes, potato chips, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Red meats (4-6 oz.) E.g. beef, pork, lamb, duck in stew, casserole, hamburger, sandwich, frozen dinner, as main dish, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chicken or turkey (3 oz.) E.g. poultry in sandwiches, frozen dinner, sausage, stew, main dish, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Seafood and fish E.g. fish, shrimp, lobster, scallops, as main dish, salad, canned, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of food	Never	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2 or more per day
17. Processed meats E.g. bacon, salami, bologna, ham, roast beef, deli meats, sausages, jerky, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Whole grain or whole wheat products E.g. 1 slice of whole wheat bread; or 1 cup of whole grain cereal, oatmeal, or whole wheat pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Non-whole grain bread, cereal, pasta, and white rice E.g. 1 slice of white bread or pita, 1 cup of regular pasta, 2 tortillas, 6 crackers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. High-fat dairy E.g. 1 oz. of all cheeses; 8 oz. of whole milk, heavy cream, buttermilk; 1 cup of ice cream, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Low-fat fat dairy E.g. 8 oz. of skim, 1% or 2% milk; 1 cup of yogurt and frozen yogurt, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. 100% pure fruit juice (small glass) E.g. 100% orange, grapefruit, apple, cider, prune juice, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. 100% pure vegetable juice (small glass) E.g. carrot, tomato juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Sugary beverages (1 can or bottle) E.g. pop or soda with sugar, Coke, Pepsi, Mountain Dew, orange soda, hot chocolate, lemonade, sweet tea, sport or energy drinks like Gatorade or Red bull, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Diet or low-calorie beverages E.g. diet soda or pop, diet Lipton lemon iced tea, diet sweet tea, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Sweets and baked goods E.g. pastries, candy bar, popcorn, pretzels, chocolate, cookies, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. During the past month, have you been trying to eat healthier (e.g. more fresh fruits and vegetables, whole grains, lean meat, foods with less fat, calories, or salt etc.)? (Check one)
- ☐ Yes ☐ No
28. During the past month, did you buy healthy food options **instead** of less healthy food options (e.g. low-fat milk instead whole milk)? (Check one)
- ☐ Yes (Skip to Question 29)
- ☐ No (Go to Question 28a)
- 28a. During the past month, what are some reasons for buying **less healthy** food options instead of healthy options? (Check all that apply)
- ☐ Do not know which food items are healthier
- ☐ Do not know how to cook with healthy foods
- ☐ Does not taste good
- ☐ Too expensive
- ☐ Not easy to find healthy options
- ☐ Other: _____
29. During the past month, how often did you **buy healthy food options** (e.g. skim or low-fat milk, 100% pure juice, whole grain bread, brown rice, trans fat-free margarine, low salt foods, fresh fruits or vegetables, etc.)? (Check one)
- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always
30. During the past month, how often did you buy non-fat (skim) or low-fat milk (1% or 2%), **instead** of whole milk? (Check one)
- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always
31. During the past month, how often did you buy whole wheat, multigrain bread, or whole wheat pasta, **instead** of white bread or regular pasta? (Check one)
- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always
32. During the past month, how often did you buy 100% pure juice (no added sugar), **instead** of sugary drinks (e.g. Sunny Delight, Snapple, lemonade, sweet tea, etc.)? (Check one)
- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always
33. During the past month, how often did you buy low salt (sodium) foods? (Check one)
- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always
34. How often would you buy healthy food options (e.g. low fat milk, brown rice, whole wheat bread, 100% fruit juice, etc.) if they were the **same price** as less healthy food options (e.g. whole milk, white rice, white bread, sugary drinks, etc.)? (Check one)
- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Where Do You Buy Food In Your Area?

The questions below ask where you usually go to buy food during the past month. Examples of food include fresh, canned, raw, or frozen fruits, vegetables, beans, bread, pasta, meat, milk, chips, cookies, juice, milk, etc.

35. During the past month, how often did you, and others that live with you, buy food or gather food from the following stores? (Check one for each type of store)

Type of store	Never	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	1 or more times a day
a. Corner store (gas/grocery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Community or private garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Church or community center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drug store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dollar store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Farmers' market or directly from a farmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Food pantry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Supermarket/ large grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Whole sale (such as Sam's Club/Costco)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About the Corner Store Near You

The questions below ask about your visits to the corner stores (gas station/small grocery) in your area, and the type of foods you buy.

36. During the past month, did you visit a corner store (gas/grocery) to buy food (e.g. milk, juice, yogurt, cookies, chips, bread, pasta, canned, frozen, or fresh food, etc.)? (Check one)

☐ Yes ☐ No

37. Approximately how far do you live from a corner store (gas/grocery) where you buy food? (Check one)

☐ 1 mile or less ☐ 6-10 miles ☐ 16-19 miles
☐ 2-5 miles ☐ 11-15 miles ☐ 20 or more miles

38. During the past month, what were your reasons to visit a corner store (gas/grocery)?
(Check all that apply)

- | | |
|-------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Did not visit a corner store | <input type="checkbox"/> Good service |
| <input type="checkbox"/> Accepts WIC or Food Stamps | <input type="checkbox"/> Good selection of items |
| <input type="checkbox"/> Close to home or work | <input type="checkbox"/> I meet friends here |
| <input type="checkbox"/> Fresh food is affordable | <input type="checkbox"/> On the way to work or home |
| <input type="checkbox"/> Good prices | <input type="checkbox"/> Store is clean |
| <input type="checkbox"/> Good quality items | <input type="checkbox"/> Other: _____ |

39. During the past month, how often did you **buy food** at the corner store (gas/grocery) (e.g. milk, juice, yogurt, cookies, chips, bread, pasta, canned, frozen, or fresh food)?

(Check one)

- | | |
|-----------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Food not available at the corner store | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> Never | <input type="checkbox"/> 2-4 times a week |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> 5-6 times a week |
| <input type="checkbox"/> 2-3 times a month | <input type="checkbox"/> 1 or more times a day |

40. During the past month, what type of foods or drinks did you buy at the corner store (gas/grocery)? (Check all that apply for each type of food)

a. Fruit

- | | |
|---------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Canned fruit |
| <input type="checkbox"/> Fresh fruit | <input type="checkbox"/> I do not buy fruit in general |
| <input type="checkbox"/> Frozen fruit | <input type="checkbox"/> Fruits not sold at the store |

b. Vegetables (does not include potatoes)

- | | |
|--------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Canned vegetables |
| <input type="checkbox"/> Fresh vegetables | <input type="checkbox"/> Do not buy vegetables in general |
| <input type="checkbox"/> Frozen vegetables | <input type="checkbox"/> Vegetables not sold at the store |

c. Milk

- | | |
|----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Almond, soy, or rice milk |
| <input type="checkbox"/> Fat-free milk (skim milk) | <input type="checkbox"/> Do not buy milk in general |
| <input type="checkbox"/> 1% or 2% low-fat milk | <input type="checkbox"/> Milk not sold at the store |
| <input type="checkbox"/> Whole milk | |

d. Yogurt, cheese, cream

- | | |
|--------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Low-fat cheese (1% or 2% milk) |
| <input type="checkbox"/> Fat-free yogurt | <input type="checkbox"/> Whole cream (e.g. heavy cream, buttermilk) |
| <input type="checkbox"/> Low-fat yogurt | <input type="checkbox"/> Low-fat cream |
| <input type="checkbox"/> Whole milk yogurt | <input type="checkbox"/> Do not buy yogurt, cheese, or cream in general |
| <input type="checkbox"/> Whole milk cheese | <input type="checkbox"/> Yogurt, cheese, or cream not sold at the store |

e. Protein (meat, fish, poultry, eggs, and beans)

- ☐ None
- ☐ Canned beans
- ☐ Dried beans
- ☐ Eggs
- ☐ Fresh fish (e.g. raw fish)
- ☐ Fresh poultry (e.g. chicken, quail, turkey)
- ☐ Fresh red meat (e.g. beef, pork, duck)
- ☐ Processed meats (e.g. bacon, hot dogs, sausage, deli meats, canned)
- ☐ Lean red meat (e.g. fat removed)
- ☐ Soy (e.g. tofu)
- ☐ Do not buy meat, fish, eggs, or beans in general
- ☐ Meats, fish, eggs, and beans not sold at the store

f. Cooking oils

- | | |
|----------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Trans fat-free margarine/butter |
| <input type="checkbox"/> Lard | <input type="checkbox"/> Vegetable oil (olive, peanut, canola, etc.) |
| <input type="checkbox"/> Whole butter | <input type="checkbox"/> Do not buy cooking oils in general |
| <input type="checkbox"/> Cooking spray | <input type="checkbox"/> Cooking oils not sold at the store |

g. Grains

- | | |
|----------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> White rice |
| <input type="checkbox"/> Oatmeal | <input type="checkbox"/> Brown rice |
| <input type="checkbox"/> White bread | <input type="checkbox"/> Regular pasta |
| <input type="checkbox"/> Multigrain or whole wheat bread | <input type="checkbox"/> Whole wheat pasta |
| <input type="checkbox"/> Sugary cereal | <input type="checkbox"/> Do not buy pasta, bread, or rice in general |
| <input type="checkbox"/> Whole grain cereal | <input type="checkbox"/> Pasta, bread, and rice not sold at the store |

h. Snacks, bakery goods, and chips

- | | |
|----------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Low-fat bakery goods |
| <input type="checkbox"/> Chips | <input type="checkbox"/> Nuts (peanuts, almonds, pistachios, etc.) |
| <input type="checkbox"/> Baked chips | <input type="checkbox"/> Do not buy snacks, baked goods, or chips in general |
| <input type="checkbox"/> Bakery goods (cookies, muffins) | <input type="checkbox"/> Snacks, baked goods, and nuts not sold at the store |

i. Drinks

- | | |
|--------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 100% vegetable juice (carrot and tomato) |
| <input type="checkbox"/> Soda/soft drink/pop | <input type="checkbox"/> Sugary drinks (Snapple, sweet tea, lemonade, etc.) |
| <input type="checkbox"/> Diet soda or diet drinks | <input type="checkbox"/> Sports and energy drinks (Red bull, Gatorade) |
| <input type="checkbox"/> Water | |
| <input type="checkbox"/> Sparkling water/seltzer water | |
| <input type="checkbox"/> 100% juice (Tropicana, etc.) | |

41. During the past month, what were your reasons to **not visit** the corner store (gas/grocery)? (Check all that apply)
- | | |
|-------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> I visit the store often | <input type="checkbox"/> Needs better selection of items |
| <input type="checkbox"/> Does not accept WIC or Food Stamps | <input type="checkbox"/> Not enough variety of foods |
| <input type="checkbox"/> Does not sell anything I like | <input type="checkbox"/> Poor service |
| <input type="checkbox"/> Does not sell healthy items | <input type="checkbox"/> Prices are too high |
| <input type="checkbox"/> Fresh food is too expensive | <input type="checkbox"/> Store is not clean |
| <input type="checkbox"/> Items are not good quality | <input type="checkbox"/> Store is too far from home or work |
| | <input type="checkbox"/> Other: _____ |
42. Please rate the importance of finding healthy food options in corner stores (gas/grocery) to you. (Check one)
- ☐ Not important
- ☐ Somewhat important
- ☐ Very important
43. What changes would you like to see at the corner store (gas/grocery) so you can buy your groceries there more often? (Check all that apply)
- | | |
|-----------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> I already buy my groceries there | <input type="checkbox"/> Cleaner store |
| <input type="checkbox"/> Better prices | <input type="checkbox"/> Bigger selection of food items |
| <input type="checkbox"/> Better quality | <input type="checkbox"/> Larger selection of healthy options |
| <input type="checkbox"/> Better service | <input type="checkbox"/> Accept WIC or Food Stamps |
| <input type="checkbox"/> Better safety at the store | <input type="checkbox"/> Other: _____ |
44. Would you buy **fresh vegetables** (not frozen or canned) if it were available at the corner store (gas/grocery) in your area? (Check one)
- ☐ Yes ☐ No
45. Would you buy **frozen vegetables** if it were available at the corner store (gas/grocery) in your area? (Check one)
- ☐ Yes ☐ No
46. What type of **vegetables** would you like to buy at the corner store (gas/grocery) throughout the year? (For each vegetable you list, please check fresh, frozen, or canned)
- | | | | |
|----------|--------------------------------|---------------------------------|---------------------------------|
| a. _____ | <input type="checkbox"/> Fresh | <input type="checkbox"/> Frozen | <input type="checkbox"/> Canned |
| b. _____ | <input type="checkbox"/> Fresh | <input type="checkbox"/> Frozen | <input type="checkbox"/> Canned |
| c. _____ | <input type="checkbox"/> Fresh | <input type="checkbox"/> Frozen | <input type="checkbox"/> Canned |
47. Would you buy **fresh fruit** (not frozen or canned) if it were available at the corner store (gas/grocery) in your area? (Check one)
- ☐ Yes ☐ No

48. Would you buy **frozen fruit** if it were available at the corner store (gas/grocery) in your area? (Check one)

☐ Yes ☐ No

49. What type of **fruits** would you like to buy at the corner store (gas/grocery) throughout the year? (For each fruit you list, please check fresh, frozen, or canned)

a. _____ ☐ Fresh ☐ Frozen ☐ Canned
 b. _____ ☐ Fresh ☐ Frozen ☐ Canned
 c. _____ ☐ Fresh ☐ Frozen ☐ Canned

50. What other healthy foods options would you buy if it were available at the corner store (gas/grocery) in your area? (Check all that apply)

None/Unsure	<input type="checkbox"/> None	<input type="checkbox"/> I do not know
Whole grains	<input type="checkbox"/> Brown rice <input type="checkbox"/> Multigrain or whole grain bread <input type="checkbox"/> Oatmeal	<input type="checkbox"/> Whole grain cereal <input type="checkbox"/> Whole wheat pasta
Healthy fats/oils	<input type="checkbox"/> Vegetable oils (e.g. olive, canola, peanut etc.)	<input type="checkbox"/> Trans fat-free margarine <input type="checkbox"/> Vegetable cooking spray
Nuts, seeds, beans	<input type="checkbox"/> Nuts (almonds, peanuts, etc.) <input type="checkbox"/> Beans	<input type="checkbox"/> Seeds (pumpkin, sunflower, etc.)
Milk and dairy	<input type="checkbox"/> Non-fat milk (Skim milk) <input type="checkbox"/> Non-fat yogurt <input type="checkbox"/> Low-fat milk (1% or 2% milk)	<input type="checkbox"/> Low-fat yogurt <input type="checkbox"/> Low-fat cheese <input type="checkbox"/> Low-fat cream <input type="checkbox"/> Almond, soy, or rice milk
Meat and fish	<input type="checkbox"/> Fresh poultry <input type="checkbox"/> Fresh fish or seafood	<input type="checkbox"/> Lean red meat <input type="checkbox"/> Reduce fat processed meats
Other foods	<input type="checkbox"/> Water <input type="checkbox"/> Sparkling water or seltzer water <input type="checkbox"/> 100% pure fruit juice <input type="checkbox"/> Other: _____	<input type="checkbox"/> 100% vegetable juice <input type="checkbox"/> Low-fat snacks (chips, bakery goods, etc.) <input type="checkbox"/> Low-fat frozen dinner

51. How likely would you buy healthy food options if you found them at the corner store (gas/grocery) in your area? (Check one)

☐ Very unlikely
☐ Most unlikely
☐ Somewhat Likely
☐ Most likely
☐ Very likely